

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012149

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 209 Registrar's No. 161

FILED MAR 26 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Ottawa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Rural	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) Route 1, Wyandotte, Okla.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) L. BLANCHE THOMPSON		4. DATE OF DEATH March 18, 1963	
First Middle Last		Month Day Year	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1894
9. AGE (last birthday) 68		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former school teacher		10b. KIND OF BUSINESS OR INDUSTRY Teaching	
11. BIRTHPLACE (City and state or country) Hart, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Williams		13b. MOTHER'S MAIDEN NAME Lillie Moore	
14. NAME OF HUSBAND OR WIFE Ernest C. Thompson, 1956		Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Dau- Miss Marguerite Thompson, Rt. 1, Wyandotte, Okla.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 16 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		16 days	
DUE TO (c) Arteriosclerosis		Indefinite	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus and Hypertensive vascular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 7-10-61 to 3-18-63 and last saw her alive on 3-18-63		Death occurred at 7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. R. Wieman M.D. (Degree or title)		22b. ADDRESS Joplin, Missouri	
22c. DATE SIGNED 3-21-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-21-63	23c. NAME OF CEMETERY OR CREMATORY Cummings Chapel Cemetery, near Tiff City, Missouri	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 3-21-1963	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  
Robert A. Lyne

Licensed Embalmer No. 5193

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.